

Coding:

Personal data

Age in years: 65-70 71-75 76-80 81-85 86-90 >90

Sex: male female

Living alone: yes no

Care degree: yes no

if yes, which care degree: 1 2 3 4 5

Do you have any physical ailments or problems?

Chronic pain Mobility limitations Urinary incontinence

Other ailments: _____

Smart home solutions from GESOBAU were installed in my apartment: yes no

Smart home solutions from other providers were installed in my apartment: yes no

Please indicate to which extent you agree or do not agree to the following statements.	fully agree	rather agree	partly agree	rather not agree	not agree
I would like to live in my apartment even if the need for care arises.	<input type="radio"/>				
Even with increasing need for care (up to being bedridden), I want to live in my apartment.	<input type="radio"/>				
Smart home solutions (e.g. orientation light on the ground, fall detection sensor) enable me to live longer in my own home.	<input type="radio"/>				
I have a person with whom I am in regular contact to report that I am doing well.	<input type="radio"/>				
I know whom I can inform immediately in the case of an emergency.	<input type="radio"/>				
I leave my apartment regularly to maintain social contacts.	<input type="radio"/>				
I feel safe in my apartment.	<input type="radio"/>				
The installed smart home solutions make me feel safer in my home.	<input type="radio"/>				
Smart home solutions in my home lead to more security.	<input type="radio"/>				
I can move independently in my apartment.	<input type="radio"/>				
I can orientate myself well in my apartment even in the dark.	<input type="radio"/>				
I am afraid of forgetting to switch off electronic devices and causing fire damage.	<input type="radio"/>				
I am afraid of forgetting to switch off electronic devices and causing water damage.	<input type="radio"/>				
I feel comfortable in my apartment.	<input type="radio"/>				

Please tick whether the respective smart home solution is available to you in your home.			Please rate the smart home solutions installed in your home using a grading scale from 1 (very good) to 6 (insufficient).					
INSTALLED SMART HOME SOLUTIONS								
			1	2	3	4	5	6
Tablet	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Stove safety	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Orientation light	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Lighting control	no <input type="checkbox"/>	yes <input type="checkbox"/>						
LED strip (corridor)	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Visual doorbell	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Door detector	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Automatic switch	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Inactivity detector	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Fall detection bath + toilet	no <input type="checkbox"/>	yes <input type="checkbox"/>						
All-off control	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Home emergency call	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Heating control	no <input type="checkbox"/>	yes <input type="checkbox"/>						
INSTALLED CONVENTIONAL MOBILITY SUPPORTING AIDS								
Service socket	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Object socket	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Handles bathroom	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Handles toilet	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Handles balcony	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Handles corridor	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Balcony exit	no <input type="checkbox"/>	yes <input type="checkbox"/>						
Balcony elevation	no <input type="checkbox"/>	yes <input type="checkbox"/>						

How satisfied are you overall with the aids and smart home solutions installed in your home? 1 2 3 4 5 6

Thank you for your participation!